

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315511	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/29/2025
NAME OF PROVIDER OR SUPPLIER Careone at Hanover Township		STREET ADDRESS, CITY, STATE, ZIP CODE 101 Whippany Road Whippany, NJ 07981	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0694</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F 0694 Level of Harm - Actual harm Residents Affected - Few	<p>Complaint # 2569488 Based on interviews, record reviews, and facility policy reviews, it was determined that the facility failed to obtain a physician's order to ensure consistent provision of a customized Total Parenteral Nutrition (TPN; a unique mix of proteins, carbohydrates, fats, vitamins, minerals, and fluids delivered intravenously (IV; delivered directly into the bloodstream through a vein) for 48 hours which included 50 milliequivalents (meq) of Potassium Chloride (KCl), as well as interruption of the TPN (greater than 12 hours of missed hydration) which resulted in Resident #1's hospitalization for electrolyte abnormalities, that included severe hypokalemia (low potassium level), metabolic alkalosis (caused by volume depletion) and acute kidney injury. This deficient practice was identified for 1 of 2 residents (Resident #1) reviewed for parenteral fluid administration and was evidenced by the following: Reference: According to the manufacturer's specifications for Potassium Chloride injection under Clinical Pharmacology included that Potassium is concerned with maintenance of body fluid composition and electrolyte balance. It is critical in the regulation of nerve conduction and muscle contraction, particularly in the heart. The kidney does not conserve potassium well so that during fasting, or in patients on a potassium-free diet, potassium loss from the body continues resulting in potassium depletion. On 10/29/25, the surveyor reviewed the closed medical record for Resident #1. A review of the admission Record face sheet (an admission summary) reflected the resident was re-admitted to the facility with diagnoses which included; dysphagia (difficulty or discomfort when swallowing food or liquids), unspecified protein calorie malnutrition and secondary malignant neoplasm of retroperitoneum (cancer has spread to the tissues behind the abdominal lining or peritoneum from primary cancer source). A review of the most recent Minimum Data Set (MDS), an assessment tool dated 7/17/25, reflected that the resident had a Brief Interview for Mental Status (BIMS) score of 14 out of 15, which indicated an intact cognition. Further review in Section GG Functional Abilities upon admission reflected that the resident required set up or clean-up assistance for eating. A review of Section K Swallowing/Nutritional Status reflected that the resident complained of difficulty or pain with swallowing and received 51% or more of their total calories daily through a parenteral IV (method of administration that bypasses the digestive system through an injection or infusion), or tube feeding (TF) and received 501 milliliters (ml) a day or more of fluids via an IV or TF. A review of the facility provided individualized person-centered Care Plan (CP) reflected a focus on nutritional status which included TPN, dated 10/11/23, and was last revised on 8/30/25. Interventions included total parenteral nutrition [TPN] per physician orders, initiated on 8/3/25. A review of the Order Recap Report from 7/1/25 to 7/30/25, included the following physician's orders (PO): TPN (Customized Solution) additional electrolytes [to be administered at a rate of] 107.14 ml/hour (hr) IV in the evening for multi-nutrition. Additional electrolytes included Sodium Phosphate 26.7 meq, Potassium (K) 50 meq, Calcium Gluconate (Ca) 6 meq, Sodium Acetate (Na Acetate) 60 meq, Magnesium Sulfate (Mg) 8 meq, Zinc Sulfate 5 milligrams (mg)/ml and multivitamin 10 ml. The PO was started on 7/12/25 at 6:00 PM and discontinued on 7/22/25 at 11:10 AM. The administration time was scheduled at 6:00 PM. A review of the electronic Medication Administration Record (MAR) for July 2025, revealed the customized TPN was not administered from 7/18/25 to 7/22/25 and had a documentation of 9 which indicated to refer to the Nurse's Progress Notes (NPN). A review of the corresponding NPN from 7/18/25 to 7/21/25 reflected only one (1) documentation on 7/19/25, which revealed the customized TPN was unavailable, the remainder of the nurses failed to document the reason for missed administration. A review of the physician's progress notes (PN) dated 7/15/25 at 9:41 PM, included that the TPN order could not be found in the chart, a discussion was had with the nursing staff to contact the hospital and obtain an updated TPN order from the metabolic physician. No further documentation was found in the NPN that the metabolic physician was contacted by nursing from 7/15/25 to 7/18/25, for an updated order of the TPN that resulted in the resident not receiving a customized TPN (that included K 50 meq) from 7/18/25 to 7/19/25. A review of the physician PN dated 7/19/25 at 9:51 PM, reflected that a TPN order from the metabolic physician was not obtained by the nurses, and that the pharmacy had not received an order for the customized TPN from the metabolic physician. The facility's physician documented a one-time order of IV saline to be administered to Resident #1 for that day, and an order of Clinimix-E (ready-made TPN formula with electrolytes) was sent to the pharmacy with a request for immediate delivery. Further review of the MAR reflected a PO for Dextrose - Sodium Chloride (NaCl; used for hydration) 5-0.9% IV was ordered on 7/18/25 and to be administered on 7/18/25 at 11:30 PM. A review of the corresponding NPN indicated the order was administered on 7/19/25 at 7:53 AM.</p>		